

**VIRGINIA DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH**

P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

**CERTIFICATE – MEDICAL USE OF RADIOACTIVE MATERIAL UNDER
GENERAL LICENSE**

§ 4.22-H of the Va. Radiation Protection Regulations establishes a general license authorizing physicians to possess certain small quantities of I-125, I-131, Co-57, Co-58, and Cr-51 for specified diagnostic uses. Possession of radioactive material under § 4.22-H is not authorized until the physician has filed Form RH-F-13 and received from the commissioner a validated copy of Form RH-F-13 with certification number assigned.

Instructions: Submit this form in triplicate to Va. Health Dept., Radiological Health, P.O. Box 2448, Richmond, Va. 23219. A certification number will be assigned and a validated copy of Form RH-F-13 will be returned.

1. Please print or type within the dotted lines, below, your name and address (including ZIP code).

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3. To be completed by the Agency:

Certification Number:

4. If place of use is different from address in Item 1, please give complete address:
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5. Certification:

I hereby certify that:

- All information in this certification is true and correct.
- I have appropriate radiation measuring instruments available to carry out the diagnostic procedures for which I will use radioactive material under the general license of § 4.22-H and I am competent in the use of such Instruments.
- I understand that regulations require that any change in the information furnished on this certificate be reported to the Agency, within 30 days from the effective date of such change.
- I have read and understand the provisions of § 4.22-H (reprint on the reverse side of this form); and I Understand that the compliance with those provisions is required as to all radioactive material which is received, acquired, possessed, used, or transferred under the general license for which this Certificate is filed with the Agency.
- I am a duly licensed physician authorized to dispense drugs in the practice of medicine. My (state) license Number is:

_____.

Date _____ Signature _____.

(printed name and title or position of person filing form)